

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONERIN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

DANIEL L. SCAFFER

Full Name of Plaintiff : Inmate Number :

DAUPHIN COUNTY v. ADULT PROBATION : Civil No. \_\_\_\_\_  
(to be filled in by the Clerk's Office)

KAMELA BANNING / PROBATION OFFICER :  Demand for Jury Trial  
 No Jury Trial Demand

Name of Defendant 1 :  
\_\_\_\_\_  
Name of Defendant 2 :  
\_\_\_\_\_

Name of Defendant 3 :  
\_\_\_\_\_  
Name of Defendant 4 :  
\_\_\_\_\_

Name of Defendant 5 :  
(Print the names of all defendants. If the names of all  
defendants do not fit in this space, you may attach  
additional pages. Do not include addresses in this  
section).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
HARRISBURG, PA

JUL 16 2024

PER   
DEPUTY CLERK

## I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

SLAUGHTER, DANIEL L.

Name (Last, First, MI)

047,728

Inmate Number

DAUPHIN COUNTY PRISON

Place of Confinement

501 MALL RD

Address

HARRISBURG, DAUPHIN, PA 17111

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- Pretrial detainee  
 Civilly committed detainee  
 Immigration detainee  
 Convicted and sentenced state prisoner  
 Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

BANNING, KAMELA

Name (Last, First)

MENTAL HEALTH PROBATION OFFICER

Current Job Title

917 GIBSON BLVD.

Current Work Address

HARRISBURG, DAUPHIN, PA 17113

City, County, State, Zip Code

Defendant 2:

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Name (Last, First)

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Current Job Title

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Current Work Address

---

City, County, State, Zip Code

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Defendant 3:

---

Name (Last, First)

---

Current Job Title

---

Current Work Address

---

City, County, State, Zip Code

---

Defendant 4:

---

Name (Last, First)

---

Current Job Title

---

Current Work Address

---

City, County, State, Zip Code

---

Defendant 5:

---

Name (Last, First)

---

Current Job Title

---

Current Work Address

---

City, County, State, Zip Code

**III. STATEMENT OF FACTS**

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

- \* 1.) DAUPHIN COUNTY ADULT PROBATION 2023  
\* 2.) COMMUNITY SERVICES GROUP 2024  
\* 3.) GAUDENZIA CONCEPT 90, 2024 / GAUDENZIA COMMON GROUNDS 2024

B. On what date did the events giving rise to your claim(s) occur?

PLEASE SEE ATTACHMENT

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

PLEASE SEE ATTACHMENT

(III.)

## STATEMENT OF FACTS # 1

B.)

\* I AM A VICTIM OF A TRAUMATIC BRAIN INJURY, AND I SUFFER FROM A NUMBER OF MENTAL DISABILITIES. I AM ALSO AN INMATE AT DAUPHIN COUNTY PRISON, AND WE HAVE LIMITED ACCESS IN REGARDS TO RECEIVING MAIL, AND OR OBTAINING INFORMATION. THEREFORE, I CAN NOT PROVIDE ACCURATE DATES AT THIS TIME.

\* HOWEVER, AN ACCURATE DATE CAN BE OBTAINED BY CONTACTING:

KAMELA BANNING @ DAUPHIN COUNTY ADULT PROBATION AND REQUESTING THE DATE OF MY INITIAL ASSESSMENT.

EVENTS:

GROSS NEGLIGENCE, DISCRIMINATION

C.

KAMELA BANNING IS SAID TO BE A MENTAL HEALTH PROBATION OFFICER. MENTAL HEALTH PROBATION OFFICERS RECEIVE SPECIALIZED TRAINING IN EITHER PSYCHOLOGY, SOCIAL WORK OR MENTAL HEALTH. THEY ARE RESPONSIBLE FOR BEING SUFFICIENTLY KNOWLEDGEABLE ABOUT MENTAL HEALTH DISORDERS, AND AVAILABLE MENTAL HEALTH SERVICES.

IT IS PROTOCOL FOR A MENTAL HEALTH PROBATION OFFICER TO BE AWARE OF, AND TO ALSO UNDERSTAND THEIR CLIENTS DIAGNOSIS IN ORDER TO SUPERVISE EFFECTIVELY.

HOWEVER, AT NO POINT DURING MY INITIAL ASSESSMENT WAS MY MENTAL HEALTH EVER ACKNOWLEDGED OR ADDRESSED.

JUST FOR THE RECORD, I SUFFER FROM SEVERE MENTAL DISABILITIES. I HAVE BEEN DIAGNOSED WITH SCHIZOAFFECTIVE DISORDER BI POLAR TYPE, PTSD, ANXIETY, AND PSYCHOSIS. I EXPERIENCE SYMPTOMS OF DELUSIONS, DEPRESSION, MOOD DISORDERS (EXTREME HIGHS AND SEVERE LOWS), DISORGANIZED SPEECH AND BEHAVIOR, RAPID THOUGHTS, IMPAIRED JUDGEMENT, PROBLEMS CONCENTRATING AND MAKING DECISIONS, AUDITORY HALLUCINATIONS, AND DIFFICULTY SLEEPING. I HAVE BEEN PRESCRIBED ZOLOFT, LATUDA, AND ABILIFY TO ASSIST ME WITH STABILITY. I AM ALSO A TYPE II DIABETIC, ALL OF WHICH SUBSTANTIALLY AFFECT MY MENTAL HEALTH, AS WELL AS MY PHYSICAL HEALTH EVERY DAY.

AS A DIRECT RESULT OF MRS. BANNING LACK OF KNOWLEDGE AND OR UNDERSTANDING, I HAVE BEEN SUBJECT TO A GROTESQUE LEVEL OF NEGLIGENCE AS WELL A DISCRIMINATION. WHENEVER I EXHIBITED SYMPTOMS OF MY DIAGNOSIS, MRS. BANNING WOULD BECOME EXTREMELY APATHETIC, FALSELY ACCUSING ME OF USING DRUGS AND PLAYING GAMES.

HOWEVER, I HAVE NEVER ONCE GIVEN A DIRTY URINE. NOR HAVE I EVER EXHIBITED BEHAVIORS, THAT WERE NOT CONSISTENT WITH THE SYMPTOMS OF MY DIAGNOSIS.

III.

STATEMENT OF FACTS #2

B.) 9/2023 - 11/2023

3/2024 - 4/2023

\* ACCURATE DATES OF ADMISSIONS AND DISCHARGES  
CAN BE OBTAINED BY CONTACTING:

\* COMMUNITY SERVICES GROUP / HIGHSPIRE, PA  
AND REQUESTING THAT INFORMATION.

EVENTS: GROSS NEGLIGENCE, DISCRIMINATION, DEFAMATION,  
FAILURE TO PERFORM STATUTORILY MANDATED DUTIES

C.) IN SEPTEMBER OF 2023, I WAS ACCEPTED INTO AN  
INPATIENT FACILITY NAMED "CSG" (COMMUNITY  
SERVICES GROUP). WHICH IS A FACILITY THAT IS SAID TO  
PROVIDE MENTAL AND BEHAVIORAL HEALTH SUPPORT.  
HOWEVER, MY EXPERIENCE AT "CSG" WAS NOT AT ALL  
SUPPORTIVE. AS A CLIENT AT "CSG", I WAS SUBJECTED  
TO A GROTESQUE LEVEL OF NEGLIGENCE, AS WELL AS  
DISCRIMINATION.

Mrs. BANNING WOULD ATTEND MY WEEKLY MEETINGS  
AT "CSG", ONLY TO EXPRESS HER OPINION OF ME, WHICH  
WAS ALWAYS NEGATIVE, NEVER SUPPORTIVE, AND EXTREMELY  
SARCISTIC. SHE WOULD FALSELY ACCUSE ME OF USING  
DRUGS, AND BASICALLY COERCED THE "CSG" STAFF INTO  
BELIEVING THE SAME. TO THE EXTENT OF ME BEING  
DISCHARGED FROM THE FACILITY, FOR ALLEGEDLY USING  
DRUGS. HOWEVER, THERE WERE NO DRUGS FOUND ON MY  
PERSON, NOR IN MY SYSTEM. AS A DIRECT RESULT, I HAD

AN EMOTIONAL BREAKDOWN, AND IMMEDIATELY SOUGHT MEDICAL ATTENTION. I WAS TAKEN TO THE HOSPITAL, EVALUATED BY CRISIS INTERVENTION, THEN SIGNED A DOI FOR INPATIENT PSYCH. AT WHICH POINT KAMELA BANNING WAS CONTACTED, MAKING HER AWARE OF THE ENTIRE SITUATION.

PROBATION OFFICERS ARE RECOGNIZED AS AN ARM OF THE COURT, AND A LIAISON BETWEEN THE SENTENCING COURT AND THE DEFENDANT. THAT SAID, PROBATION OFFICERS ARE STATUTORILY MANDATED TO PERFORM ENUMERATED DUTIES.

ACCORDING TO THE UNITED STATES CODE SERVICE, TITLE 18, PART II, CHAPTER 229, SUBSECTION 3603 #2, A PROBATION OFFICER SHALL KEEP INFORMED, TO THE DEGREE REQUIRED BY THE CONDITIONS SPECIFIED BY THE SENTENCING COURT, AS TO THE CONDUCT AND CONDITION OF A PROBATIONER, AND REPORT HIS CONDUCT AND CONDITION TO THE SENTENCING COURT. #3 STATES, THAT A PROBATION OFFICER SHALL USE ALL SUITABLE METHODS, NOT INCONSISTENT WITH THE CONDITIONS SPECIFIED BY THE COURT, TO AID A PROBATIONER, AND TO BRING ABOUT IMPROVEMENTS IN HIS CONDUCT AND CONDITION.

JUST FOR THE RECORD, I HAVE BEEN INPATIENT PSYCH. IN VARIOUS HOSPITALS, APPROXIMATELY 7 TIMES WHILE UNDER KAMELA BANNING'S SUPERVISION.

AT NO POINT, DID MRS. BANNING EVER OFFER ME ANY TYPE OF SUPPORT, NOR DID SHE EVER ATTEMPT TO AID ME IN MY STRUGGLE, OR HELP ME TO BRING ABOUT IMPROVEMENTS IN MY CONDITION.

III.

## STATEMENT OF FACTS #3

B.) 1-24-24

EVENTS : FALSE DECLARATIONS BEFORE THE COURT,  
WILFUL MISCONDUCT, FAILURE TO PERFORM DUTIES OF  
A PROBATION OFFICER, GROSS NEGLIGENCE

C.) ON DECEMBER 20<sup>TH</sup>, 2023, I WAS ACCEPTED  
INTO GAUDENZIA CONCEPT 90. AT WHICH TIME, MY  
COUNSELOR MS. LINDA AND I CONTACTED KAMELA  
BANNING, VIA VOICEMAIL, MAKING HER AWARE OF THE  
FACT THAT I WAS ACTIVELY PARTICIPATING IN THE  
PROGRAM.

ON FEBRUARY 2<sup>ND</sup>, 2024, I WAS TRANSFERRED  
FROM GAUDENZIA CONCEPT 90, TO GAUDENZIA  
COMMON GROUND. AT WHICH TIME, THE PROGRAM  
DIRECTOR MS. BELINDA AND I CONTACTED KAMELA  
BANNING FOR THE SECOND TIME, VIA VOICEMAIL,  
MAKING HER AWARE OF THE TRANSFER.

HOWEVER, BACK ON JANUARY 24<sup>TH</sup>, 2024,  
KAMELA BANNING CONTACTED JUDGE TULLY, AND  
PROVIDED HIM WITH FALSE INFORMATION, STATING  
THAT SHE DID NOT KNOW MY WHEREABOUTS FOR AN  
EXTENDED PERIOD OF TIME. AT WHICH TIME A  
WARRANT FOR MY ARREST WAS ISSUED.

THE GAUDENZIA STAFF AT BOTH CONCEPT  
90, AND COMMON GROUND HAVE ALREADY  
PROVIDED ME WITH WRITTEN DOCUMENTATION,  
STATING THAT MRS. BANNING WAS IN FACT

CONTACTED TWICE, VIA VOICEMAIL, MAKING HER AWARE OF THE FACT THAT I WAS ACTIVELY PARTICIPATING IN THE PROGRAM FROM DECEMBER 20<sup>TH</sup> 2023 THROUGH FEBRUARY 2<sup>ND</sup> 2024. WHICH CLEARLY SHOWS, THAT MRS. BANNING KNOWINGLY, AND INTENTIONALLY PROVIDED JUDGE TULLY WITH FALSE INFORMATION, IN ORDER TO OBTAIN A FRAUDULENT WARRANT FOR MY ARREST.

AT SOME POINT, AND FOR SOME REASON, THE WARRANT FOR MY ARREST WAS RECINDED. IN EXCHANGE, I WAS PLACED ON HOUSE ARREST FOR 6 MONTHS. WHEN IN ALL ACTUALITY, THE WARRANT FOR MY ARREST SHOULD HAVE NEVER BEEN ISSUED IN THE FIRST PLACE.

THE ELECTRIC MONITOR MADE IT EXTREMELY DIFFICULT FOR ME TO FUNCTION. EXACERBATING MY ANXIETY, DEPRESSION, PTSD, AND PSYCHOSIS.

THIS WAS A BLATANT ABUSE OF DISCRETION, WITH RECKLESS DISREGARD OF THE CONSEQUENCES. AS THE FACTS CLEARLY AND SUBSTANTIALLY SUPPORT MORE THAN ORDINARY CARELESSNESS, INDIFERENCE, LAXITY, OR INDIFFERENCE.

AS A DIRECT RESULT OF MRS. BANNING'S NEGLIGENCE, I HAVE SUSTAINED A TREMENDOUS AMOUNT OF MENTAL AND EMOTIONAL DISTRESS, CAUSING ME A SIGNIFICANT AMOUNT OF PSYCHOLOGICAL DAMAGE. AND ACCORDING TO 40 P.L.E. PUBLIC OFFICERS AND EMPLOYEES § 72. CIVIL LIABILITY - A PUBLIC OFFICER IS LIABLE FOR NEGLIGENCE, MISCONDUCT, AND OFFICIAL ACTS DONE MALICIOUSLY AND WITH INTENT TO INJURE.

**IV. LEGAL CLAIM(S)**

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

42 USC § 12182 - Public Accomodations

42 USC § 12203 Prohibition Against Retaliation And Coercion

42 USC § 12132 - Discrimination

40 P.L.E. - Public Officers & Civil Liability

42 PA. C.S. § Wilful Misconduct

18 USC § 1623 False Declaration Before Court

18 USC § 3603 Duties Of Probation Officers

USCS Amendment 14, SEC. 1

**V. INJURY**

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

PERMANENT PSYCHOLOGICAL DAMAGE, MENTAL AND  
EMOTIONAL DISTRESS, PAIN AND SUFFERING

**VI. RELIEF**

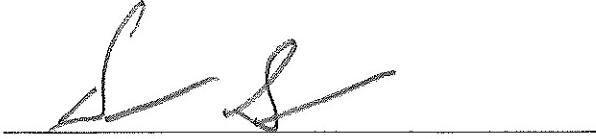
State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

WITH ALL DUE RESPECT, KAREN BANNING NEEDS TO BE  
REMOVED FROM HER POSITION. AND I WOULD LIKE TO BE  
AWARDED THE MAXIMUM MONETARY RELIEF AVAILABLE,

**VII. SIGNATURE**

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.



Signature of Plaintiff

JUNE 30, 2024

Date



Jane L. SCATTER

**NAME:** DAUPHIN COUNTY PRISON #047,728  
**D.C.P.#:** 501 MAIL ROAD HARRISBURG PA 17111-1299

RECEIVED  
HARRISBURG, PA  
JUL 16 2024  
PER DEPUTY CLERK

United States District Court  
Middle District of Pennsylvania  
Sylvia H. Rambo U.S. Courthouse  
1501 North 6th Street, Suite 101  
Harrisburg, PA 17102

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